

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2003

Application or Docket Number

10773503  
13045.200561

**CLAIMS AS FILED - PART I**

	(Column 1)	(Column 2)
TOTAL CLAIMS	1	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	1 minus 20 =	0
INDEPENDENT CLAIMS	1 minus 3 =	8
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE ☐

OR OTHER THAN  
SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
XS 9=		OR	XS18=	—
X43=		OR	X86=	—
+145=		OR	+290=	—
TOTAL		OR	TOTAL	770

**CLAIMS AS AMENDED - PART II**

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT #	9/10/04	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
			PRESENT EXTRA
Total	29	Minus	20 = 9
Independent	1	Minus	3 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY

OR OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
XS 9=		OR	XS18=	162.
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
			PRESENT EXTRA
Total		Minus	=
Independent		Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
			PRESENT EXTRA
Total		Minus	=
Independent		Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

S/N 10/773,503

PATENTIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: MCCLURKEN Examiner: Unknown  
(R. ROLLINS in parent)  
Serial No.: 10/773,503 Group Art Unit: 3762  
Filed: February 6, 2004 Docket No.: 13045.20USC1  
Confirmation No.: 6627  
Title: ELECTROSURGICAL DEVICE HAVING A TISSUE REDUCTION  
SENSOR

CERTIFICATE UNDER 37 CFR 1.6(d):

I hereby certify that this correspondence is being transmitted via facsimile to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on September 10, 2004.

By: Rebecca Ralls  
Name: Rebecca Ralls

PRELIMINARY AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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SEP 10 2004

Dear Sir:

In connection with the above identified application filed herewith, please enter the following preliminary amendment.

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims that begins on page 3 of this paper.

Remarks begin on page 7 of this paper.

1200-8162

Serial No. 10/773,503  
Preliminary Amendment filed Sept. 10, 2004

PATENT

**REMARKS**

With this amendment, Applicants have cancelled original claim 1 (claims 2-36 having been cancelled in the transmittal papers of this continuation application) and provided new claims 37-65. Support for new claims 37-65 is found in the originally filed application. Accordingly, no new matter has been added.

Please charge our Deposit Account 13-2725 the amount of \$162.00 to cover the added claim fee (for 9 additional claims over the 20 previously paid). In the event there are any fee deficiencies or additional fees are payable, please charge them (or credit any overpayment) to our Deposit Account 13-2725.

Applicants respectfully request that this supplemental preliminary amendment be entered into the record prior to examination and consideration of the above-identified application.

Applicants submit that the claims are in condition for allowance. A Notice of Allowance is respectfully requested. If a telephone conference would be helpful to facilitate prosecution of this application, the Examiner is invited to contact Applicants' primary attorney-of record, Mara E. Liepa (Reg. No. 40,066), at (612) 371.5222.

Respectfully Submitted,

MERCHANT & GOULD P.C.  
P.O. Box 2903  
Minneapolis, MN 55402-0903  
(612) 332-5300

Date:

Sept 10, 2004

By

Mara E. Liepa

Mara E. Liepa  
Reg. No. 40,066

**23552**

PATENT TRADEMARK OFFICE